

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-576)							SERIAL NO. 16/089530		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL DEP.		2									
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